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INTE0004-100

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: *Doms et al*

Serial No.: 10/032,311

Group Art Unit: 1648

Filed: December 21, 2001


Examiner: Jeffrey S. Parkin, Ph.D.

Title: A LIPOPARTICLE COMPRISING A PROTEIN AND METHODS OF
MAKING AND USING THE SAME

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On March 17, 2005


Daniel M. Scolnick, Reg. No. 52,201

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

AMENDMENT AND REQUEST FOR RECONSIDERATION

This paper is filed in response to the Office Action mailed November 17, 2004 in connection with the above-identified patent application. A petition for a one-month extension of time and the appropriate fee accompany this response. Please amend the application as follows:

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FROM: Daniel M. Scolnick, Ph.D.

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OF PAGES (INCLUDING COVER):

FILE NAME: INTE0004-100

DATE: March 17, 2005

FILE #: 160742

RECIPIENT(S)	PHONE	FAX
U.S. PATENT AND TRADEMARK OFFICE GAU 1648 Examiner Jeffrey Parkin	571.272.0908	703.872.9306

MESSAGE: OFFICIAL FAX!

Serial No.: 10/032,311 - Filing Date: December 21, 2001

Attachments: Transmittal form (1 sheet)
Fee Transmittal form (1 sheet) (w/authorization to charge \$60.00) (dupl.)
Petition for Extension of Time (1 mos)
Amendment and Request for Reconsideration (12 pages)
Power of Attorney With Revocation and Change of Correspondence Address
Statement Under 37 CFR 3.73 (b)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	10/032,311
Filing Date	12/21/2001
First Named Inventor	Robert W. Doms
Examiner Name	Jeffrey S. Parkin
Art Unit	1648
Attorney Docket No.	INTE0004-100

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____

☒ Deposit Account Deposit Account Number: 50/1275 Deposit Account Name: Cozen O'Connor

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s)

☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
43	-49 or HP= 0	x _____ = _____	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	- 8 or HP= 0	x _____ = _____	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for 1 mo. Ext. of Time

Fees Paid (\$)

60.00

SUBMITTED BY

Signature	<i>Daniel M. Scornick</i>	Registration No. (Attorney/Agent)	52,201	Telephone	215.665.6928
Name (Print/Type)	Daniel M. Scornick, Ph.D.	Date	March 17, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
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for FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete If Known

Application Number	10/032,311
Filing Date	12/21/2001
First Named Inventor	Robert W. Doms
Examiner Name	Jeffrey S. Parkin
Art Unit	1648
Attorney Docket No.	INTE0004-100

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50/1275 Deposit Account Name: Cozen O'Connor

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

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Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	- 8 or HP= 0	x _____ = _____	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

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SUBMITTED BY

Signature	<i>David M. Scolnick</i>	Registration No.	52,201	Telephone	215.665.6928
Name (Print/Type)	David M. Scolnick, Ph.D.	(Attorney/Agent)		Date	March 17, 2005

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/032,311
	Filing Date	12/21/2001
	First Named Inventor	Robert W. Doms
	Art Unit	1648
	Examiner Name	Jeffrey S. Parkin
Total Number of Pages in This Submission	Attorney Docket Number	INTE0004-100

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b); Official Facsimile Cover Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Cozen O'Connor		
Signature			
Printed Name	Daniel M. Scolnick, Ph.D.		
Date	March 17, 2005	Reg. No.	52,201

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Signature		Date	March 17, 2005
Typed or printed name	Daniel M. Scolnick, Ph.D.		

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